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APPLICANTS

Moise Azria, Basel, SWITZERLAND;
 Simon David Bateman, Randolph, NJ;
 James F. McLeod, Morristown, NJ;

**** CONTINUING DATA *******

This application is a 371 of PCT/EP03/08498 07/31/2003

**** FOREIGN APPLICATIONS *******

UNITED STATES OF AMERICA 60400139 08/01/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

01095

TITLE

Oral administration of calcitonin

FILING FEE RECEIVED 1130	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: ✓)	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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